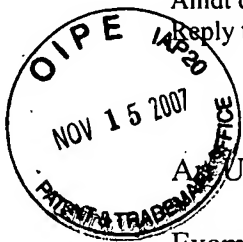


DF

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): Weber					19365-109957	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/593,210	9/15/2006	Brown, Peter R.	28886	3636	7409	
<div style="display: flex; align-items: center;"><div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center; margin-right: 10px;"><div style="font-size: 0.8em; margin: 0;">Invention</div><div style="font-size: 1.5em; font-weight: bold; margin: 0;">OIP</div><div style="font-size: 0.8em; margin: 0;">NOV 15 2007</div><div style="font-size: 0.8em; margin: 0;">PATENT & TRADEMARK OFFICE</div></div><div>REMOVABLE BOLSTER FOR ISOFIX</div></div>						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$210.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1759</div> <div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div> <div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div> <div><input type="checkbox"/> Payment by credit card. Form PTO-2038.</div>						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
<div style="font-size: 1.5em; font-family: cursive;">[Signature]</div> Signature			Dated: 11/12/07			
Robin W. Asher, Reg. No. 41,590 Clark Hill PLC 500 Woodward Avenue Suite 3500 Detroit, MI 48226-3435 (313) 965-8300			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div> <div style="text-align: center;">11/13/2007. (Date)</div> <div style="text-align: center; font-family: cursive; font-size: 1.2em;">[Signature]</div> <div style="text-align: center; font-size: 0.8em;">Signature of Person Mailing Correspondence</div> <div style="text-align: center; font-weight: bold;">Linda J. Hoggarth</div> <div style="text-align: center; font-size: 0.8em;">Typed or Printed Name of Person Mailing Correspondence</div>			
cc:						

Appl'n No: 10/593,210
Amdt dated November 10, 2007
Reply to Office action of August 10, 2007



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 3636

Confirmation No. 7409

Examiner: Brown, Peter R.

Applicant: Weber

Serial No.: 10/593,210

Filing Date: September 15, 2006

Title: REMOVABLE BOLSTER FOR ISOFIX

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action dated August 10, 2007, please amend the above-captioned patent application as set forth below.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.